Please	type :	a plus	sign	(+)	inside	this	box	→	
	.,			٠.,		** ***			

34,026

Date

Registration No. (Attorney/Agent)

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Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

	Attorney Docket No.			R087 1100							
Autologica					Dale R. Danner						
Address to: Assistant Commissi	o: Assistant Commissioner for Patents			er	5,755,056						
Box Patent Application Washington, DC 20231			Original Patent Number  Original Patent Issue Date (Month/Day/Year)			May 26, 1998					
wasiiiigidii, be 202	.51		Mail Label No	). F	T.44046	6919US					
APPLICATION FOR REISSUE OF	:					<del></del>					
(check applicable box)	x Utility	Patent		gn Pate		Plant Paten					
APPLICATION ELEMENTS		AC	COMPANY	ING A	APPLIC/	ATION PARTS	<u>;                                    </u>				
1. X * Fee Transmittal Form (PTO/Si (Submit an original, and a duplicate		7.	Foreign Priori (if applicable)		n <i>(35 U.S</i> .	C. 119)					
2. X: Specification and Claims (amen	Specification and Claims (amended, if appropriate)				8. X Information Disclosure Statement (IDS)/PTO-1449 X Copies of IDS Citations						
3. X Drawing(s) (proposed amendment)	Drawing(s) (proposed amendments, if appropriate)				9. English Translation of Reissue Oath/Declaration (if applicable)						
	Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)				* Small Entity Statement filed in prior application, Statement(s) Status still proper and desired						
5. Original U.S.\Patent Offer to\Surrender Original Pate	m /07 C E B & 1 170)	11. X	(PTO/SB/09-12 Preliminary A	3)		•					
(PTO/SB/53 or PTO/SB/54)	iii (37 G.F.H. 9 1.176)		•			ED 5031					
Ribboned Original Pater	Ribboned Original Patent Grant				12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
Affidavit / Declaration of	Loss (PTO/SB/55)	13. <sub>X</sub>	Other:	heck							
6. Original U.S. Patent currently assigned?											
X Yes N	•	******									
(If Yes, check applicable box(es))						·····					
X Written Consent of all Assignees (PTO/SB/53 or 54)    *NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITY ED TO PAY						1					
X 37 C.F.R. § 3.73(b) Statement	(37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).										
14. CORRESPONDENCE ADDRESS											
Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  or  Correspondence address below											
Name D. Scott Sudder			:	_	•						
Womble Carlyle Sandridge & Rice, PLLC											
Address 1201 West Peach	1201 West Peachtree Street, NE, Suite 3500										
City Atlanta	State	Georgia		Zip Code	9 3030	)9					
Country	Telephone	04-962-		Fé	1 / 0 /	-870-8177	4, 8				

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Scott Sudderth

NAME

Signature

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PTO/SB/56 (12-97)
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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

REISSUE AFFEICATION FEE TRANSMITTAET ONM					R087 1100					
	-11	C	laims as File	d - Part 1	<del>:-</del>					
Claims in Number Filed			er Filed in	(3)		Small Entity		Other than a Small Entity		
Patent	For	Reissue Application		Number Extra Rate		Fee	Rate		Fee	
(A) 42	Total Claims (37 CFR 1.16(j))	16(j)) =  x \$		= x \$=		or x \$=		0		
(C) <sub>2</sub>	Independent Claims (37 CFR 1.16(i	(D) 2	!	• 0 =	× \$ =			× \$=	0	
		<del></del>	Basic	Fee (37 CF	R 1.16(h))	\$			\$ 760.00	
			Tot	al Filing Fe	e	\$		OR	\$ 760.00	
		Clain	ns as Amend	ed - Part 2						
(1) Claims Remai		ning	(2) Highest Numl	ber Extra	Small E	ntity	tity Other than		a Small Entity	
	After Amendm		Previously Paid For			Fee		Rate	Fee	
Total Claims (37 CFR 1.16(j)	) *** 74	MINUS	** 40	*= 34	x \$=		or	x \$ <u>18.</u> =	612.00	
Independent Claims (37 CFR 1.	.16(i)) *** 5	MINUS	2	= 3	x \$=			x \$ <u>78.</u> =	234.00	
			Tot	tal Addition	al Fee	\$		OR	\$846.00	

<sup>\*</sup> If the entry in (D) is less than the entry in (C), Write "0" in column 3.

	Please charge Deposit Account No in the amount of  A duplicate copy of this sheet is enclosed.
x	The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. $09-0528$ . A duplicate copy of this sheet is enclosed.
x	A check in the amount of $$1,606.00$ to cover the filing / additional fee is enclosed.

of Applicant, Attorney or Agent of Record

D. Scott Sudderth, Registration No. 34,026 Typed or printed name

<sup>\*\*</sup> If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

<sup>\*\*\*</sup> After any cancelation of claims

<sup>\*\*\*\*</sup> If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

<sup>\*\*\*\*\* &</sup>quot;Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

## **EXPRESS MAIL**

I hereby certify that the following correspondence:

Reissue Patent Application Transmittal
Reissue Application Fee Transmittal Form (In Duplicate)
Reissue Application Declaration (Pursuant to 37 C.F.R. §1.175)
Consent of Assignee to Application for a Reissue Patent and Power of Attorney
(37 CFR §1.172)
Preliminary Amendment in Reissue Application
Letters Patent No. 5,755,056
Information Disclosure Statement
Form 1449
References
Check No. 015130 in the amount of \$1,606.00

is being deposited with the United States Postal Service as "Express Mail Post Office To Addressee," in an envelope addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231 on January 13, 2000.

Express Mail No. EL440466919US

Gina Hamrick